**XXXXX (Title of research)**

**RESEARCH INFORMATION AND CONSENT FORM**

**Introduction:**

You are invited to participate in a research study investigating (state what is being studied). This study is being conducted by (researcher name, student/faculty in the xxxxx Program) at St. Catherine University. You were selected as a possible participant in this research because (state how and why the subject was selected). Please read this form and ask questions before you decide whether to participate in the study.

**Background Information:**

The purpose of this study is to (state what the study is designed to discover or establish). Approximately xx people are expected to participate in this research.

**Procedures:**

If you decide to participate, you will be asked to (In a step-by-step fashion, describe all steps and procedures you will follow, including their purposes, how long each step will take, any repetitions, and where the research will take place). This study will take approximately (indicate the length of time the subjects will be participating in the study during each interval) minutes/hours over xx sessions.

**Risks and Benefits:**

The study has several (or use the word minimal, if that is the case for your study) risks. First,\_\_\_\_\_\_\_\_\_\_\_\_ second,\_\_\_\_\_\_\_\_\_\_\_\_\_ (Risks must be explained, including the likelihood of the risk. Describe discomforts and inconveniences the subjects may reasonably expect. If the subjects will be told of significant physical or psychological risks to participation, they also must be told under what conditions the researcher will terminate the study. If there is risk of causing significant emotional distress on the part of participants, list resources such as crisis lines or counseling centers here).

The benefits to participation are (State benefits. If there are no direct benefits to the subjects, which is often the case, state "There are no direct benefits to you for participating in this research."). (If applicable, describe appropriate alternative procedures that might be to the subject's advantage, if any. Any standard treatment that is being withheld must be disclosed.)

**Compensation:**

If you participate, you will receive (Include payment or reimbursement information here. Explain when disbursement will occur and conditions of payment. Delete this section if it is not applicable).

(If this study involves a physically invasive procedure, or an exercise component which may have even a slight risk of injury, you must include the following statement in the consent form. Omit this section if the study does not involve physical risk) In the event that this research activity results in an injury, we/I will assist you (give an example of a potential problem/injury and describe how you will assist them). Any medical care for research-related injuries should be paid by you or your insurance company. If you think you have suffered a research-related injury, please let me/us know right away.

**Confidentiality:**

Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. (If it applies to your study, include ways in which you will maintain confidentiality, e.g., “No one in the daycare center will know your child’s results.” If you release information to anyone for any reason, you must state the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure.)

We/I will keep the research results in a password protected computer and/or a locked file cabinet in (state where) and only I (or the researcher(s) named in this form) and our/my advisor will have access to the records while we/I work on this project. We/I will finish analyzing the data by (specify the ending date of your research). We/I will then destroy all original reports and identifying information that can be linked back to you. (If tape or video recordings are made, explain who will have access to them, if they will be presented to others for educational purposes, and when they will be erased or destroyed.)

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with (the name of any other cooperating institution or) St. Catherine University in any way. (If the study includes survey items or an interview, you may state that participants can refuse to answer any question if they choose.) If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected. (Explain here if monetary benefits will be adjusted if the subject withdraws early).

**New Information:**

If during course of this research study we/I learn about new findings that might influence your willingness to continue participating in the study, we/I will inform you of these findings. (This section is optional. Consult your advisor to decide if it applies to your study).

**Contacts and questions:**

If you have any questions, please feel free to contact me, xxxxx, (or one of the researchers xxxxx xxxxx at xxx-xxx-xxxx or xxxxx xxxxx) at xxx-xxx-xxxx. You may ask questions now, or if you have any additional questions later, the faculty advisor, (name and phone number), will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the College of St. Catherine Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

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I consent to participate in the study. (If you are video- or audio-taping your subjects, include a statement such as "and I agree to be videotaped.")

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Signature of Participant Date

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Signature of Parent, Legal Guardian, or Witness Date

(if applicable, otherwise delete this line)

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Signature of Researcher Date